

State: Pennsylvania

Agency*	Citation(s)	Groups Covered
	<u>A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>	
1902(a)(10)(E)(i) and 1905(p) of the Act	25.	Qualified Medicare beneficiaries— a. Who are entitled to hospital insurance benefits under Medicare Part A; b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in <u>Supplement 1 to Attachment 2.6-A</u> for a family of the same size; and c. Whose resources do not exceed twice the maximum standard under SSI. (Medical assistance for this group is limited to cost sharing as defined in item 3.2 of this plan.)
1902(a)(10)(E)(ii) and 1905(p)(3)(A)(i) of the Act	26.	Qualified disabled and working individuals— a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act; b. Whose income does not exceed 200 percent of the Federal income poverty level; c. Whose resources do not exceed twice the maximum standard under SSI; and d. Who are not otherwise eligible for Medicaid. (Medical assistance for this group is limited to Medicare Part A premiums under sections 1818 and 1818A of the Act.)

*Agency that determines eligibility for coverage.

TN No. 91-33

Supersedes

Approval Date

9/10/1991

Effective Date November 1, 1991

TN No. 91-31, 90-24, 89-04,
88-05, and 87-11

HCFA ID: 7983E

State: Pennsylvania

Agency*	Citation(s)	Groups Covered
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. B. Optional Groups Other Than the Medically Needy

42 CFR	<input checked="" type="checkbox"/>	1. Individuals described below who meet the
435.210		income and resource requirements of AFDC, SSI, or an
1902(a)		optional State supplement as specified in 42
(10)(A)(ii) and		CFR 435.230, but who do not receive cash
1905(a) of		assistance.
the Act		

☒ The plan covers all individuals as described above.

☐ The plan covers only the following group or groups of individuals:

- ☐ Aged
- ☐ Blind
- ☐ Disabled
- ☐ Caretaker relatives
- ☐ Pregnant women

42 CFR	<input checked="" type="checkbox"/>	2. Individuals who would be eligible for AFDC, SSI
435.211		or an optional State supplement as specified in 42
		CFR 435.230, if they were not in a medical
		institution.

*Agency that determines eligibility for coverage.

TN No. <u>91-33</u>	Approval Date <u>9/10/1998</u>	Effective Date <u>November 1, 1991</u>
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TN No. <u>87-11</u>		HCFA ID: 7983E

State: Pennsylvania

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

☐ The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

42 CFR
435.217

☒

4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

*Agency that determines eligibility for coverage.

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State: Pennsylvania

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VII)
of the Act

☒ 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

☒ The State covers all individuals as described above.

☐ The State covers only the following group or groups of individuals:

<input type="checkbox"/>	Aged
<input type="checkbox"/>	Blind
<input type="checkbox"/>	Disabled
<input type="checkbox"/>	Individuals under the age of--
<input type="checkbox"/>	21
<input type="checkbox"/>	20
<input type="checkbox"/>	19
<input type="checkbox"/>	18
<input type="checkbox"/>	Caretaker relatives
<input type="checkbox"/>	Pregnant women

*Agency that determines eligibility for coverage.

TN No. 91-33
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TN No. 89-04

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Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.220 ☒ 6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

☒ The State covers all individuals as described above.

1902(a)(10)(A)(ii) and 1905(a) of the Act ☐ The State covers only the following group or groups of individuals:

— Individuals under the age of--

— 21

— 20

— 19

— 18

— Caretaker relatives

— Pregnant women

42 CFR 435.222
1902(a)(10)(A)(ii) and
1905(a)(i) of
the Act 7. ☒ a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are 21 years of age or younger as indicated below.

— 20

— 19

— 18

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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.222

☒ b. Reasonable classifications of individuals described in (a) above, as follows:

— (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

— (a) In foster homes (and are under the age of _____).

— (b) In private institutions (and are under the age of _____).

— (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of _____).

— (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of _____).

— (3) Individuals in NFs (who are under the age of _____). NF services are provided under this plan.

— (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of _____).

NOT APPLICABLE IN
PENNSYLVANIA

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State: Pennsylvania

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- ___ (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- ___ (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

NOT APPLICABLE IN PENNSYLVANIA

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State: Pennsylvania

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VIII)
of the Act

/X/

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

- a. Was eligible for Medicaid under the State's approved Medicaid plan; or
- b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

—	21
—	20
<u>X</u>	19**
—	18

**Includes the needy and otherwise eligible child age 18 who is a full-time student in a secondary school, or in the equivalent level of vocational or technical training, and who may reasonably be expected to complete the program before reaching age 19.

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Agency*	Citation (s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.223 ✓

9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:

1902(a)(10)
(A)(ii) and
1905(a) of
the Act

— Individuals under the age of--
— 21
— 20
— 19
— 18
— Caretaker relatives
— Pregnant women

NOT APPLICABLE IN PENNSYLVANIA

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230 /X/ 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.

- X (1) All aged individuals.
- X (2) All blind individuals.
- X (3) All disabled individuals.

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